PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/685,837			ling Date 15/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (c)	_	N/A		N/A		N/A	1 == (0)		N/A	1 == (0)	
П	SEARCH FEE		N/A		N/A		N/A			N/A		
듬	(37 CFR 1.16(k), (i), o EXAMINATION FE	EE	N/A N/A	+	N/A		N/A N/A			N/A		
	(37 CFR 1.16(o), (p), o TAL CLAIMS		minus 20 =				X \$ = 1		OR	X S =		
IND	CFR 1.16(i)) DEPENDENT CLAIM	IS .	minus 3 = *			ł	x s =		- I	x s =		
(37	CFR 1.16(h))	If the		gs exceed 100	ł	<u> </u>			<u> </u>			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	sheets of paper, the application size f is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereo 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.									
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]						
* If *	the difference in colu	umn 1 is less than	r "0" in column 2.	_	TOTAL		•	TOTAL				
	APPI	LICATION AS	OED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY							
\vdash		CLAIMS	HIGHE		ST I							
AMENDMENT	06/24/2010	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 26	Minus	** 38	= 0]	x \$ =		OR	X \$52=	0	
اظ	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0	1	x \$ =		OR	X \$220=	0	
ME	Application Size Fee (37 CFR 1.16(s))											
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
	•								OR	TOTAL ADD'L FEE	0	
L		(Column 1)		(Column 2)	(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ا <u>ي</u>	Total (37 CFR 1,16())		Minus			1	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))					1						
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner: If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If											

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the USFTO to process) an application. Confidentiality is overwined by 80 LSC. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.